## Best Available Copy

## **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER 2nd AMENDMENT AS FILED 1st AMENDMENT IND. DEP. IND. DEP. IND. DEP. τ İ TOTAL IND. TOTAL IND. TOTAL DEP. TOTAL DEP.

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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